

How to file a lien

Filing a notice and request for allowance of lien is how you make a claim for payment of money you're owed in a workers' compensation case.

Attached is a lien form. Complete the form. Be sure to sign and date it.

Attach a full statement or itemized bill supporting the lien.

A Workers' Compensation Appeals Board (WCAB) case number must be entered in the top right hand corner of the lien. If there is no WCAB case number, contact the local Information & Assistance (I&A) office.

Send the original to your local WCAB office and copies to all parties. It is important that you check the box indicating all parties have been served.

There are also time limitations for medical providers and medical-legal lien claimants to file liens. Such liens must be filed:

1. Within six months of a final decision, findings, award or order, including an order approving a compromise and release
2. Within five years of the date of injury
3. Or within one year of the date the services were provided, whichever is later.

The employee's consent to allowance of lien and signature are not required.

Keep a copy for your records.

EDEX subscribers may also use DWC's EDEX system to electronically file liens with the WCAB. For more information, contact the EDEX administrator at DWC, P. O. Box 420603, San Francisco, CA 94142 or at eliens@dir.ca.gov.

If you need help, call an Information and Assistance (I&A) office, or attend a workshop for injured workers. The local I&A phone numbers are listed on the back of this guide. You can get information on a local workshop from the I&A office or on the Web at www.dir.ca.gov/dwc.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those presented here.

DIVISION OF WORKERS' COMPENSATION DISTRICT OFFICES

ANAHEIM, 92801-1162

1661 N. Raymond Ave., Suite 202
Information & Assistance Unit **(714) 738-4038**

BAKERSFIELD, 93301-1929

1800 30th Street, Suite 100
Information & Assistance Unit **(661) 395-2514**

EUREKA, 95501-0481

100 "H" Street, Suite 202
Information & Assistance Unit **(707) 441-5723**

FRESNO, 93721-2280

2550 Mariposa Street, Suite 4078
Information & Assistance Unit **(559) 445-5355**

GOLETA, 93117-3018

6755 Hollister Avenue, Suite 100
Information & Assistance Unit **(805) 968-4158**

GROVER BEACH, 93433-2261

1562 W. Grand Avenue
Information & Assistance Unit **(805) 481-3380**

LONG BEACH, 90802-4339

300 Oceangate Streets, Suite 200
Information & Assistance Unit **(562) 590-5240**

LOS ANGELES, 90013-1105

320 West 4th Street, 9th Floor
Information & Assistance Unit **(213) 576-7389**

MARINA DEL REY, CA 90292

4720 Lincoln Blvd. 2nd floor
Information & Assistance Unit **(310) 482-3858**

OAKLAND, 94612-1402

1515 Clay Street, 6th Floor
Information & Assistance Unit **(510) 622-2861**

OXNARD, 93030

2220 East Gonzales Road, Suite 100
Information & Assistance Unit **(805) 485-3528**

POMONA, 91766-1601

732 Corporate Center Drive
Information & Assistance Unit **(909) 623-8568**

REDDING, 96001-2796

2115 Civic Center Drive, Suite 15
Information & Assistance Unit **(530) 225-2047**

RIVERSIDE, 92501-3337

3737 Main Street, Suite 300
Information & Assistance Unit **(951) 782-4347**

SACRAMENTO, 95825-2403

2424 Arden Way, Suite 230
Information & Assistance Unit **(916) 263-2741**

SALINAS, 93906-2204

1880 North Main Street, Suites 100 & 200
Information & Assistance **(831) 443-3058**

SAN BERNARDINO, 92401-1411

464 West Fourth Street, Suite 239
Information & Assistance Unit **(909) 383-4522**

SAN DIEGO, 92108

7575 Metropolitan Drive, Suite 202
Information & Assistance Unit **(619) 767-2170**

SAN FRANCISCO, 94102-7002

455 Golden Gate Avenue, 2nd Floor
Information & Assistance Unit **(415) 703-5020**

SAN JOSE, 95113-1482

100 Paseo de San Antonio, Suite 241
Information & Assistance Unit **(408) 277-1292**

SANTA ANA, 92701-4070

28 Civic Center Plaza, Suite 451
Information & Assistance Unit **(714) 558-4597**

SANTA ROSA, 95404-4760

50 "D" Streets, Suite 420
Information & Assistance Unit **(707) 576-2452**

STOCKTON, 94202

31 East Channel Street, Suite 344
Information & Assistance Unit **(209) 948-7980**

VAN NUYS, 91401-3373

6150 Van Nuys Blvd., Suite 105
Information & Assistance Unit **(818) 901-5374**

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION APPEALS BOARD

NOTICE AND REQUEST FOR ALLOWANCE OF LIEN

(Print or type names and addresses; include ZIP Codes)

ID OR CASE NO. _____

Injured Worker

Date of Claimed Injury

Attorney for Injured Worker

Employer

Insurance Carrier or, if Self-Insured, Certificate Name

Adjusting Agency, if Agency Administered

Attorney for Employer/Carrier

Lien Claimant

Attorney for Lien Claimant

Address

Social Security Number _____
Date of Birth

Address

Address

Address Where Claim Administered

Address

Address and Telephone No.

Address and Telephone No.

The lien claimant hereby requests the Workers' Compensation Appeals Board to determine and allow as a lien the sum of _____ Dollars (\$ _____) against any amount now due or which may hereafter become payable as compensation to the above named worker on account of the above claimed injury.

This request and claim for lien is for (Mark appropriate box):

- ☐ The reasonable expense incurred by or on behalf of said worker for medical treatment to cure or relieve from the effects of said injury; or
- ☐ The reasonable medical expense incurred to prove a contested claim; or
- ☐ The reasonable value of living expenses of said worker or of his or her dependents, subsequent to the injury, or
- ☐ The reasonable living expenses of the spouse or minor children, or both, of said worker, subsequent to the date of injury, where such worker has deserted or is neglecting his or her family; or
- ☐ The reasonable fee for interpreter's services performed on _____, 19 _____.

NOTE: ITEMIZED STATEMENT JUSTIFYING THE LIEN MUST BE ATTACHED

FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990, FOR WHICH THE LIEN CLAIMANT DOES NOT HAVE A WCAB IDENTIFICATION NUMBER, the lien claimant declares under penalty of perjury that:

- ☐ a copy of the original completed Employee's Claim for Workers' Compensation Benefits (DWC Form 1) is attached, or
- ☐ the lien claimant does not have a copy of the claim form, but made the following efforts to secure one:

- ☐ a copy of the lien claim and supporting documents was served by mail or delivered to each of the above-named parties.

Signature of Attorney for Lien Claimant

Signature of Lien Claimant

Date

EMPLOYEE'S CONSENT TO ALLOWANCE OF LIEN

I consent to the requested allowance of a lien against my compensation.

Signature of Attorney for Injured Worker